U.S. Department of Health and Human Services
National Institutes of Health
National Center on Minority Health and Health Disparities (NCMHD)
National Advisory Council on Minority Health and Health Disparities (NACMHD)

Marriott Bethesda Suites
6711 Democracy Boulevard
Bethesda, Maryland
June 26, 2007
8:00 a.m. − 5:30 p.m.

Meeting Minutes

Council Members Present
John Ruffin, Ph.D., Chair, NACMHD
Regina M. Benjamin, M.D., M.B.A.
Mario De La Rosa, Ph.D.
Thomas E. Gaiter, M.D.
Faye A. Gary, Ed.D., R.N., FAAN
Pamela V. Hammond, Ph.D., FAAN
Alvin E. Headen, Jr., Ph.D.
Jeffrey A. Henderson, M.D., M.P.H.
Warren A. Jones, M.D., FAAFP
Steven R. Lopez, Ph.D.
Nilda Peragallo, Dr.P.H., R.N., FAAN
Kyu B.L. Rhee, M.D., M.P.P.
Pitambar Somani, M.D., Ph.D.
Jose R. Valdez, D.B.A.
Luther S. Williams, Ph.D., Ad Hoc Member

Ex Officio Members
David Abrams, Ph.D.
Gary Martin, D.D.S.

Guests
James Cheek, M.D., M.P.H., Indian Health Service
Giselle Corbie-Smith, M.D., University of North Carolina at Chapel Hill
Sharon Jackson, M.D., National Institute of Allergy and Infectious Diseases
Francine Romero, Ph.D., M.P.H., Albuquerque Area S.W. Tribal Epidemiology Center

Executive Secretary
Donna A. Brooks

CLOSED SESSION
The first portion of the meeting was closed to the public in accordance with provisions set forth in Sections 552b(c)(4) and 552b(c)(6), Title 5, U.S.C., and Section 10(d) of the Federal Advisory Committee Act, as amended, U.S.C. Appendix 2.

Executive Secretary Donna Brooks called the meeting to order and turned the proceedings over to NCMHD Director and NACMHD Chair, Dr. John Ruffin. Dr. Ruffin presided, and Chair-Designee Dr. Warren Jones facilitated.

The Council considered 130 applications requesting an estimated $3,193,927 in total costs. Those that were noncompetitive, unscored, or not recommended for funding consideration by the initial scientific review groups were not reviewed by the Council. Voting en bloc, the Council concurred with the first-level peer review on the 130 applications.

The closed session adjourned at 9:20 a.m.

OPEN SESSION

Call to Order and Welcome
Ms. Brooks called the Open Session to order and turned the meeting over to Dr. Ruffin.

Opening Remarks and Introductions
Dr. Ruffin welcomed participants to the Open Session of the 15th NACMHD meeting. He expressed his delight at seeing the many new Advisory Council members and encouraged them to participate fully. Introductions of all Council members followed.

In response to a request from Dr. Ruffin, the new Council members highlighted their areas of special interest and expertise related to the field. They identified the following among their key interests:

- Dr. Gary—international issues and health education
- Dr. Valdez—medical advancement
- Dr. Headen—socioeconomic and policy issues
- Dr. Rhee—community health delivery systems
- Dr. De La Rosa—issues related to the Latino community, especially domestic violence and substance abuse
- Dr. Williams—science education
- Dr. Martin—dental care and issues related to oral health
- Dr. Somani—communications and education
- Dr. Abrams—systems thinking and information technology that promote cross-disciplinary research and the rapid dissemination of laboratory results in the community

Dr. Ruffin then welcomed and introduced the new NCMHD Deputy Director, Joyce Hunter, Ph.D. Dr. Hunter formerly served as Deputy Director, Division of Extramural Activities, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Dr. Ruffin also introduced three individuals selected for other NCMHD positions: Francisco Sy, M.D., Director

of the Division of Extramural Activities and Scientific Programs; George A. Strait, Jr., M.S., Scientific Communications Officer; and Priscilla Grant, J.D., Grants Management Officer. With the addition of Dr. Hunter and the other new staff members, NCMHD is ready to move forward to the next level of success.

Consideration of February 2007 Minutes
A motion to accept was seconded and unanimously approved.

Future Meeting Dates and Administrative Matters
Future meetings. All meetings are held on Tuesdays. The 2007-2008 meeting dates are:

- 2007: September 18
- 2008: February 19, June 10, and September 16

Administrative matters. Dr. Jones asked that all roster changes be sent to Ms. Brooks.

NCMHD DIRECTOR'S REPORT, Dr. John Ruffin
Dr. Ruffin thanked the Council and NCMHD staff for their commitment to ensuring that the Center meets its goals. He summarized the NCMHD's progress in major program areas and identified new and ongoing opportunities and challenges for NCMHD.

Major Program Areas

- ***Community-Based Participatory Research Program.*** This is a three phase program that provides 11 years of funding for approved projects. The program is entering the intervention phase. A Request for Applications to support the second or 5-year intervention phase was released in May. Several steps are being taken to assist potential applicants. The NCMHD recently conducted a teleconference that successfully clarified the Center's expectations about applications for the CBPR program. In addition, FAQs (frequently asked questions) and other application information will be posted to the NCMHD Web site. New applications are due on August 31, 2007.

- ***Endowment Program***. NIH is reviewing the proposed rulemaking for this program. Three new projects will be funded for FY 2007.

- ***Loan Repayment Program (LRP)***. LRP is the premier NIH program for building a culturally competent cadre of biomedical professionals. About 520 applications were submitted for FY2007 LRP funding, and more than 300 received fundable scores. Recruitment rates for LRP recipients in research related to health disparities is good, but the NCMHD is working to improve the retention rate.

- ***The Centers of Excellence.*** Applications for the P20 grants will be reviewed at the September Council meeting.

- ***Minority Health and Health Disparities International Research Training (MHIRT) Program***. About 24 academic institutions are participating in MHIRT, which is providing biomedical training and research opportunities for more than 150 students. A new Request for Proposals (RFA) is being developed.

- ***The Research Infrastructure in Minority Institutions Program***. Applications will be reviewed at the September Council meeting.

Dr. Ruffin added that NCMHD plans to share the funding breakdown for all programs available at a future meeting.

Collaborations
NCMHD is proceeding with two new collaborations to expand the Center's research base and increase career opportunities in biomedicine for members of minority groups. Working with the NIH Office of Behavioral and Social Science Research (OBSSR), the NCMHD will investigate behavioral approaches to reducing health disparities. In addition, NCMHD will participate in an intramural research partnership being led by the National Human Genome Research Institute (NHGRI) and involving multiple Institutes and Centers (ICs).

Other Trans-NIH Activity
The NIH Health Reform Act of 2006 mandated a biennial report for NIH. NCMHD will have significant input in the development and coordination of the minority health chapter of the report. In addition, NIH is revising its health disparities strategic plan. The NIH Office of the General Counsel is presently reviewing the plan with an eye toward appropriately balancing the commitment to diversity and the concept of a race-neutral approach to program eligibility.

Upcoming Forum
The NCMHD continues to respond to the review it requested from the Institute of Medicine (IOM) on the NIH Health Disparities Strategic Plan. As part of this response, and to build awareness of minority health issues and initiatives, NCMHD is organizing a health disparities research forum on minority health that will highlight and showcase best practices among the ICs and their academic and community grantees in four areas: research, infrastructure, career development, and outreach. The forum will be held in metropolitan Washington, D.C., in spring 2008.

Comments
The Council expressed an interest in obtaining more information on the proposed intramural center collaboration with NHGRI such as the dollars and FTE contribution, how progress will be monitored and the role of the Council. Dr. Ruffin explained that a memorandum of understanding (MOU) has been drafted and is under review by the potential collaborating ICs. These include the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), the Fogarty International Center (FIC), and the NIH Office of the Director (OD), along with NHGRI and NCMHD. Dr. Williams observed that the collaboration could transform the research paradigm through the investigation of genetic and behavioral interactions that impact multiple aspects of minority health. It also could provide a mechanism for NCMHD to support the retention of minority scientists in the study of health disparities. Dr. Somani cautioned that the Council will be held accountable for NCMHD participation, and should be fully informed

about the partnership if it is to put its full support behind it. Dr. Ruffin responded that the Council will be updated regularly on all collaborative activities.

Other comments about the intramural research collaboration included the following:

- Dr. Abrams noted that OBSSR would like to help build the intramural collaboration. He explained that OBSSR could offer additional interdisciplinary expertise, especially in the area of environmental/genetic interactions. He also recommended that the collaboration include transparent links with extramural research projects.

- Dr. Lopez raised the point that it might be better for the NCMHD to develop its own independent health disparities intramural program, separate and unique from the other ICs, where the primary focus could be on training in health disparities.

- Dr. Gaiter raised a concern about the impact that the NIH intramural program might have on the National Genome Center at Howard University, and also the use of extramural dollars for an intramural activity.

- Dr. Gary recommended that the mental health aspect be looked at, and that the National Institute of Mental Health (NIMH) be invited to join this collaboration.

- Dr. Gary commended NCMHD for its LRP, noting that this program could be a national and international model. Dr. Williams suggested that NCMHD work to build support for keeping minority status as a factor in determining program eligibility; this could be done by stressing the need for a minority workforce to serve members of minority communities.

- Dr. Ruffin noted that NCMHD has a long and cordial relationship with Howard University, including supporting the institution's genome research center in partnership with the National Human Genome Research Institute. The impact of the NIH intramural program is uncertain since it's still in motion.

- NCMHD remains committed to thoughtfully and carefully balancing the outlay of funds among intramural and extramural research efforts. The Center realizes that this is a critical issue and is focused on ensuring that appropriate opportunities are developed for the LRP participants across the research community.

OBSSR HEALTH DISPARITIES RESEARCH UPDATE, David Abrams, Ph.D.

Dr. Abrams, Office of Behavioral and Social Sciences Research Director, began his presentation with an overview of the Office's six priority areas for research and action for 2002-2006. These were:

1. Racial bias and health
2. Racial/ethnic and socioeconomic inequalities in health
3. Behavioral changes interventions to diminish racial/ethnic health disparities

4. Health disparities and health care systems
5. Infrastructure development: training and developing scientists, including minority scientists
6. Public information/outreach: improving public health messages.

OBSSR has implemented these priorities through various projects, including mentoring programs, convening meetings, and providing competitive research grants. Information about the NIH-supported Mentoring for Diversity Program is posted at: http://mentoringfordiversity.od.nih.gov. This effort is funded through the NIH diversity supplement program and provides a list of mentors drawn from grantees in the behavioral and social sciences. In October 2006, OBSSR and collaborating ICs convened the Conference on Understanding and Reducing Disparities in Health: Behavioral and Social Sciences Research Contributions. More information about this meeting is available at: http://obssr.od.nih.gov/HealthDisparities. In response to the meeting, OBSSR took the lead in a partnership with the Centers for Disease Control and Prevention (CDC) to fund a set of R01 and R21 grants for 2007, 2008, and 2009. OBSSR has made a $3 million commitment for this time period. The research perspectives and themes include:

- Interdisciplinary collaborations
- Levels of analysis
- Systems of science methodologies
- Life-course perspective
- Community-based participatory research
- Prejudice and discrimination
- Social context.

The funding announcement for R01s is available at: http://grants.nih.gov/grants/guide/pa-files/PAR-07-379.html. The R21 announcement is posted at: http://grants.nih.gov/grants/guide/pa-files/PAR-07-380.html.

Systems Thinking Applications for Problem-Based Research

Following up on its activities from 2002-2006, OBSSR is investigating ways to apply systems thinking to its research priority areas. This approach allows investigators to move from problems to causes by studying the complex interactions between biomedical and socioeconomic factors. It also allows researchers to examine these interactions in an interdisciplinary manner across the human lifespan. Systems thinking is especially appropriate for investigating health disparities issues because it facilitates the multilevel analyses required to address the root causes and persistence of bio-behavioral and socioeconomic problems.

Additional research is being conducted to explore the impact of various interventions on gene/environmental/behavioral interactions. One key finding thus far is that sound nurturing can overcome the potentially negative impact of genetic polymorphisms. Ultimately, investigators hope to develop treatments tailored to respond to specific gene/environment/behavior interactions.

Dr. Abrams encouraged the Council to apply the gene chip concept on a broader population level. The "populomics chip" would identify family and/or community

susceptibilities and facilitate the delivery of preventive and treatment therapies to alter behavior. One system for identifying communities and their health vulnerabilities was identified through a study of life expectancy by county across the United States conducted by Christopher Murray from the Harvard School of Public Health and his research team. The investigators incorporated mathematical modeling and bioinformatics in their work and developed eight distinct levels of communal health risk. Life expectancy varied by 35 years from the most to the least vulnerable counties. Individuals in the most vulnerable counties had life expectancies similar to those found in sub-Saharan Africa. Dr. Murray's research article, "Eight Americas: Investigating Mortality Disparities across Races, Counties, and Race-Counties in the United States," was published in 2006 and is available at the Public Library of Science Web site: http://medicine.plosjournals.org.

In summary:

- Specific genetic modifications may occur more frequently as adaptive responses to environmental stressors in some ethnic subgroups; these adaptations may lead to greater likelihood for specific physical, behavioral, and communal health problems.
- DNA risk factors can be modulated by nurturance.
- Genes are the slaves of the environment and may alter within one generation in response to environmental factors.
- We can use genetics to learn how to change our environment, rather than using the environment to tell us how to change our genes.
- Illnesses involve multiple causative factors; these factors might be more productively framed as causal loops rather than causal pathways.
- Systems thinking, using mathematical modeling and bioinformatics, shows promise for solving persistent individual and communal health problems.

Comments

Council members agreed that implementing this broad, systems framework would require both:

- Moving away from a pharmacological "magic polypill" approach to health, and
- Expanding interdisciplinary cooperation among the "hard" sciences and between the "hard" and behavioral sciences.

Members also noted that first steps in implementation could be: (1) building trans-NIH collaborations and (2) improving public health marketing and communications to ensure that all Americans have access to information and high levels of health literacy.

SCIENTIFIC PROGRAMS HIGHLIGHTS

Intramural Research: Sharon Jackson, M.D., Tenure-Track Investigator, National Institute of Allergy and Infectious Diseases (NIAID)

Dr. Sharon Jackson is a tenure-track investigator within the Laboratory of Host Defenses, Monocyte Trafficking Unit at the NIAID. Dr. Jackson's research is co-funded by the NCMHD.

Dr. Jackson explained that her research focuses on autoimmune diseases, many of which disproportionately affect women and minorities. With help from her research team, Dr. Jackson has identified a previously uncharacterized autoreactive phenomenon in $p47^{phox}$ chronic granulomatous disease (CGD) mice. Dr. Jackson plans to continue this work by characterizing this finding on the cellular level to discern molecular targets for immunomodulatory interventions and, ultimately, treatments. Dr. Jackson thanked the Council and the NCMHD for funding her research.

Autoimmune diseases affect 8.5 million people in the United States, Dr. Jackson explained. About 75 percent of these diseases occur in women. For example, rheumatoid arthritis affects 2.5 million Americans, about two-thirds of whom are female. Her research holds promise for these patients and other individuals suffering from a variety of autoimmune diseases, such as systemic lupus erythematosus and inflammatory bowel diseases (Crohn's disease and ulcerative colitis).

Dr. Jackson highlighted the importance of the research particularly for individuals suffering with sarcoidosis, a systemic granulomatous disease of unknown etiology that primarily affects the lungs. The disease prevalence within the United States ranges from fewer than 1 to 40 cases per 100,000 people. The annual incidence is almost three times greater in African Americans than in Whites. In addition, African Americans are at greater risk for morbidity and mortality and more often have family histories of sarcoidosis. Furthermore, most surveys indicate that women are more likely than men to get this disease.

TRIBAL EPIDEMIOLOGY CENTERS, INDIAN HEALTH SERVICE (IHS)
James Cheek, M.D., M.P.H., Director, Division of Epidemiology and Disease Prevention, IHS
Francine Romero, Ph.D., M.P.H., Director, Albuquerque Area Southwest Tribal Epidemiology Center

Dr. Cheek provided an overview of American Indian and Alaska Native demographics and summarized the development of the Tribal Epidemiology Centers (TECs). About 4.2 million people are members of the more than 560 tribes recognized by the Federal Government. About one-third of this population lives below the poverty line and about 1.5 million members are served by IHS. The agency provides direct services as well as supports urban Indian programs and new and growing tribal health programs.

Tribal Epidemiology Centers were authorized by the Indian Health Care Improvement Act to monitor progress toward meeting the "Healthy People" goals established every 10 years by the U.S. Department of Health and Human Services. The 11 IHS regions with the largest populations of American Indians and Alaska Natives have TECs located within their tribal health programs. In each region, the TEC supports multiple tribes by providing data and supplementary services needed for local and Federal decision-making and action to reduce health disparities.

The Centers have been funded since 1996, primarily through competitive cooperative agreements with IHS. Additional funds are provided by NIH, CDC, and foundations. As the TECs have expanded, their annual budgets have increased from $125,000 to $425,000.

Dr. Romero provided additional detail about the TECs and their accomplishments and challenges. She noted that the American Indian and Alaska Native populations have a common history of several centuries of upheavals and persecution as well as tribally unique histories, languages, cultures, and traditions. To succeed, TECs need to respond sensitively to the impacts of both the shared and unique heritages.

Each TEC is composed of several tribes and includes partners from technical/scientific institutions and/or local, State, or Federal agencies. The TECs' mission is to improve the quality of life for American Indians and Alaska Natives through the provision of health-related research, surveillance, and training. Much of the TECs' scientific effort focuses on providing timely and accurate data to help build public health capacity in priority areas identified by member tribes, such as maternal and child health and behavioral health. TEC training is used to: (1) disseminate relevant research results, (2) inform tribal leaders about the Centers' capacities, and (3) provide practical education about how to use data for both tracking health disparities and measuring program effects.

Since their inception, TECs have supported various studies, including research about maternal morbidity and childhood obesity prevention. The Centers also have conducted surveillance and system assessment projects and health cost analyses. Among the TEC products are mortality and cancer reports, community health profiles, and compilations of best practices. TECs also have helped tribes develop health and safety codes analogous to those developed by States and have inventoried available health data for use in measuring achievements against "Healthy People" milestones.

Comments:

- Various ICs, including NIDDK and the National Institute on Drug Abuse, fund tribally enrolled research studies.
- The TECs are interested in developing additional partnerships with ICs to promote research. Partnerships might involve TEC participation on review boards and panels and the use of TEC data as research resources.
- Among the challenges faced by the TECs are the need to work with many tribes, some of which are historical enemies, and the geographical distances and variations that must be addressed when collecting health data or planning meetings and other events.

NCMHD COMMUNITY-BASED PARTICIPATORY RESEARCH/LOAN REPAYMENT PROGRAM

Giselle Corbie-Smith, M.D., Associate Professor of Social Medicine, University of North Carolina (UNC) at Chapel Hill

Dr. Giselle Corbie-Smith is an award recipient in the NCMHD Loan Repayment and Community-Based Participatory Research (CBPR) programs. She is devoting her research career to studying issues related to improving health among minority populations.

Dr. Corbie-Smith thanked the NCMHD for its support and reported on her recent research activities. The themes of her research include identifying (1) practical and ethical issues that arise in working with underserved groups and (2) ways to engage minorities in research studies that are respectful of their past histories.

Through NCMHD-funded partnerships between UNC-Chapel Hill and Shaw University, Dr. Corbie-Smith developed local linkages and outreach networks and trained community helpers to build meaningful participation by African Americans in health disparities research. This work, which focused on the African American church community, is a possible model for building a stable and knowledgeable population of potential African American recruits for health disparities research. This project also helped build the research infrastructure at Shaw University and laid the groundwork for the institution's participation in other grants.

Dr. Corbie-Smith also is implementing related projects focused on minority health. For example, she is investigating the logistical, practical, and ethical issues that influence African Americans' decisions to participate in health research and the impact of researchers' behaviors and attitudes on these decisions. At present, she is soliciting information for this research from participants of all races in a population study of colorectal cancer. In addition, Dr. Corbie-Smith is exploring ways to move research findings from the bench to the bedside and from the bedside to the curbside in ways that will help reduce the HIV epidemic among African Americans in the southeastern United States. This study includes looking at socioeconomic factors that affect information flow and changes in attitudes and behaviors. The techniques she identified for building community support and training community helpers are incorporated in this study.

PUBLIC COMMENTS

Dr. Jones invited comments from the public, hearing none he opened the meeting for further remarks and questions from the Council.

Building Support for NCMHD Among NIH Decision-makers

Dr. Hammond suggested that the Center needs additional full-time staff to maintain its standard of excellence while carrying out its dual mission of advising ICs on minority health issues and operating as an independent grant-making center. Dr. Ruffin agreed that staffing was a challenge, especially as the number of Center-funded projects expands. He reported that the Center has mapped out its tasks and identified roles for 50 full-time employees; however, the Center currently has the funding for 31 full-time positions. Additional funds for staff expansion have been requested from the OD, and a decision should be made soon.

Dr. Hammond asked how the Council could support the request for additional full-time staff support. Dr. Jones reported that the Council already has visited with the key decision-makers and sent a letter asking that NCMHD be provided with the staff needed to meet its mandate successfully. Dr. Williams suggested that the request be reframed to emphasize how expanding the staff supports both the current NIH-wide strategic plan and the reorganization mandated by the 2006 NIH Reform Act. Further comments included the following:

- Observation that NCMHD needs a larger research budget to move beyond treatment to preventing and reducing the persistence of health disparities.

- Question of why the entire minority health and health disparities budget is not overseen by NCMHD, similar to that of other areas at NIH that have oversight for the dollars of the named entity such as HIV/AIDS, or child health.

- The Council must do some strategic thinking and prepare some strategic planning documents to assist the NCMHD in achieving its mission.

- Observation that the Center has a monumental task and is set up for failure when it only has 30 or 31 FTEs to accomplish the work.

CLOSING REMARKS

Dr. Ruffin observed that NCMHD has done good work thus far in showcasing its accomplishments and noted that this work must be expanded. In addition, he thanked the Council members for their hard work and Dr. Jones for helping to facilitate the meeting. Dr. Jones added his thanks to the Council and saluted Dr. Ruffin for his able leadership of the Center.

The Executive Secretary, Ms. Donna Brooks, adjourned the meeting at 5:04 p.m.

We hereby certify that, to the best of my knowledge, the foregoing minutes are accurate and complete.

/John Ruffin/

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John Ruffin, Ph.D., Chair, National Advisory Council on Minority Health and Health Disparities; Director, National Center on Minority Health and Health Disparities, NIH

/Donna A. Brooks/

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Donna A. Brooks, Executive Secretary, National Center on Minority Health and Health Disparities, NIH